

# Stepparent Adoption Questionnaire

## Instructions

In order to begin the investigation ordered by the Court, you must complete this questionnaire and return it to:

**SUPERIOR COURT  
LEMOORE DIVISION  
449 "C" STREET  
LEMOORE, CA 93245**

The questionnaire is important in introducing you and your situation to the investigator handling your case. No appointment will be set up to interview you until the form is returned. When returned, you will be contacted by the investigator regarding an office appointment, plans to visit your home and interviewing your children. (Attach additional pages as needed)

### **PETITIONER**

Address:

Date of Birth:

Place of Birth:

Religion:

Prior Marriage(s): When, where & how dissolved:

Residence Address:

Own/Rent:

Monthly Payment/Rent:

Number of Rooms

Home Value  
(if owned)

Mortgage Balance

\$

\$

\$

Other Assets (Property, Bonds, Savings, etc.):

Insurance (Life, Health, etc.): Specify:

Other than child/children being Adopted, do you have any other children? Yes ☐ No ☐ How many?

Names and ages:

With whom are they currently living?

### **NOTES:**

### **NATURAL FATHER**

Address:

Last contact with child?

Date of Birth:

Place of Birth:

Religion:

Occupation:

Employer:

Has he consented to Adoption: Yes ☐ No ☐

Prior Marriage(s): When, where & how dissolved:

**NATURAL MOTHER**

Address:		Last contact with child?	
Date of Birth:	Place of Birth:		Religion:
Occupation:		Employer:	
Has she consented to Adoption: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Prior Marriage(s): When, where & how dissolved:			

Has there been a prior investigation regarding this matter? Yes ☐ No ☐

**IDENTIFYING DATA OF PETITIONER**

Court case number & name:		Name & phone number of your attorney:		
Your present name:		Your maiden name:		
Extent of schooling, H.S./College, etc.				
Age:	DOB:	Place of birth:	Wgt:	Hgt:
Eye Color:	Hair Color:	Religion:	Race:	
Social Security:		Home Phone:	Business Phone:	
If no home or business phone, give phone number where the investigator can contact you:				
Your current address (Street, City, State and ZIP):				
How long at this address? Years _____ Months _____				

**EMPLOYMENT**

(Beginning with your present employment, list employment for the last 5 years)

Name of Employer	Address of Employer	Type of Job	Date Begun	Date Left	Reason for Leaving

Current working hours and days:

MONTHLY INCOME	Gross	Net
From employment		
Own business		
Public Assistance (AFDC or Social Security Assistance)		
Child support		
Other sources		
<b>TOTAL</b>	\$	\$

MAJOR MONTHLY EXPENSES			
House payment	\$	Other Expenses:	
Rent	\$	1)	\$
Car payment	\$	2)	\$
Child care	\$	3)	\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

Has child support been paid as ordered? Yes ☐ No ☐ If "No", amount in arrears: \$ \_\_\_\_\_

MEDICAL HISTORY OF PETITIONER			
(If either parent or guardian have any physical disability or have received psychiatric treatment or counseling, please complete the section below)			
Doctor & Address	Hospital & Address	When Treated	Nature of Illness

CRIMINAL RECORD OF PETITIONER	
Does petitioner have a criminal record? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", please give details:	
Is petitioner on Probation or Parole? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes", please give name of Probation Officer or Parole Agent:	
Area office:	Phone number:
Does the petitioner have any criminal actions pending: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes, please explain:	

MARITAL HISTORY OF PETITIONER					
(List all marriages)					
Time	Name of spouse (use maiden names) include present marriage	Date of Marriage	Date Separated	Date & How Terminated	Number of Children
First					
Second					
Third					

**CHILDREN**(List the child/children **INVOLVED** with this Court action)

Name	Birthdate	Living with	Address	School	Name of other parent

**CHILDREN**(List all your other children **NOT INVOLVED** in the Court action)

Name	Birthdate	Living with	Address	School	Name of other parent

Since the separation of the parents of the minor(s), whom have the children been living with? Give dates:


**HEALTH OF CHILDREN**

(List each child in this case who has recently been under the care of a Doctor, or Psychiatrist, including family physician)

Child	Doctor	Address	Date	Reason

Do any of the children presently have physical or mental problems? Yes ☐ No ☐ Please explain:


Plan of custody/visitation-

Place of residence for self and children:

Will children be placed under supervision of others?

Name of caretaker	Relationship to children	Address	Phone Number	What period of time

State the reasons why you feel the other parent should not have custody/visitation and be specific. Give examples and dates (attach additional sheet, if needed).
